

**State Innovation Model Quality Council
Level 3 Review Scoring: Criteria & Measure Set Alignment
August 12 2015**

**2=Yes
1= Somewhat
0= No**

LEVEL 3 CRITERIA IN CALCULATING SCORE

1. Sufficient denominator size (i.e., base rate)*
2. NQF Endorsed
3. Has a relevant benchmark**
4. Present an opportunity for quality improvement (90+ = 0, 75-89 = 1, <75 = 2)***
5. Present an opportunity for quality improvement (50+ = 0, 25-49=1, <25 = 2)
6. Is the measure a process measure for which an available outcome measure would better serve?
7. Health Equity Design Group: most important to measure and reward from a health equity perspective****

*Where denominator is uncertain, we used Somewhat=1

**Currently, Yes is only indicated for NCQA measures. National payers may have benchmark information for measures that they use nationally.

***When commercial and Medicaid performance differ, we used the middle category when there was one, or the lower category when performance was adjacent (e.g., if commercial was 50 and Medicaid was 75, we scored for 50).

****The Health Equity Design Group recommended health equity measures in rank order for both EHR measures and claims-based measures. Based on their priority scores, we assigned either 2, 1 or 0 points. Their recommendations and ranking are contained on page 3.

Priority Score is the sum of above – Maximum Score = 14

MEASURE SETS USED TO CALCULATE “CT ALIGNMENT” SCORES

Connecticut Commercial Measure Sets

- Five measure sets used by commercial payers in their value-based payment arrangements in Connecticut

Connecticut State Measure Sets

- Connecticut Medicaid’s PCMH quality measure set, used in their pay-for-performance arrangements

MEASURE SETS USED TO CALCULATE “OTHER ALIGNMENT” SCORES

Federal Measure Sets Primarily Focused on Ambulatory Care

- CMMI Priority Measures for Monitoring and Evaluation
- CMS Health Home Measure Set
- Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid (Medicaid Adult Core Set)
- CMS Medicare Shared Savings Program (MSSP) ACO for 2015
- Comprehensive Primary Care Initiative
- Meaningful Use Clinical Quality Measures (CQMs) for 2014
- Medicare-Medicaid Plans (MMPs) Capitated Financial Alignment Model (Duals Demonstrations)
- PQRS EP EHR Incentive Clinical Quality Measures (eCQMs) Cross-Cutting Measures
- CCMI SIM Recommended Model Performance Metrics
- CMS Medicare Part C & D Star Ratings Measures

National Hospital Measure Sets

- Joint Commission
- Medicare Hospital Value-Based Purchasing
- (FY's 2015 & 2016)
- Medicare Hospital Compare

Select State Measure Sets

- Oregon CCO Incentive Measures- Year Two, July 2014
- Oregon CCO State Performance “Test” Measures- Year Two, July 2014
- VT ACO Pilot Core Performance Measures for Payment and Reporting in Year One (January 16, 2014)
- Washington State Performance Measures Version date: 12/17/2014
- Maine ACO Payment Measures Version date: 1/7/2015"

Health Equity Design Group Recommended Health Equity Measures

Measure	Source	Recommendation	HEDG priority rank	BVT Scoring
Diabtest: A1C Poor Control	EHR	Yes	1	2
Controlling high blood pressure	EHR	yes	2	2
Screening for clinical depression and follow up	EHR	yes	3	2
Colorectal cancer screening	EHR	yes	4	2
Tobacco Screening and Cessation Intervention	EHR	yes	5	1
Adult BMI assessment	EHR	yes	6	1
Diabetes: Eye Exam	EHR	Yes	7	1
Hospital admissions, asthma, adult	Clams	3		2
Hospital admissions, asthma, pediatric	Clams	3		2
Pediatric ambulatory sensitive condition composite	Clams	3		2
Ambulatory Care Sensitive condition composite	Clams	3		2
Potentially avoidable ER rate	Clams	3		2
Annual dental visit	Clams	3		2
All-cause unplanned admissions for diabetes	Clams	2		1
Diabetes Medical Attention for nephropathy	Clams	2		1